

NOV 22 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38479

1. PLACE OF DEATH

County Phelps
 Township Rolla
 City Rolla (No. _____ St. _____ Ward _____)

Registration District No. 677
 Primary Registration District No. 4403

File No. _____
 Registered No. 130

2. FULL NAME

(a) Residence, No. Rolla St. _____ Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1893

7. AGE YEARS 44 MONTHS 8 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Green Ridge, Mo. (STATE OR COUNTRY)13. NAME William W. Bidwell14. BIRTHPLACE (CITY OR TOWN) N. Y. (STATE OR COUNTRY)15. MAIDEN NAME Olivia Augusta16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY)17. INFORMANT Mrs. Lavinia Bauman (ADDRESS) Rolla, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla DATE Oct 28, 193719. UNDERTAKER W. F. Myers (ADDRESS) Rolla, Mo.20. FILED Oct 28, 1937 J. F. Myers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1937I HEREBY CERTIFY, That I attended deceased from Jan 1937, to Oct 26, 1937I last saw him alive on Oct 10, 1937. Death is saidto have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Uterus Date of onset _____Other contributory causes of importance: 45Name of operation Explantory Date of 5/5/37What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) R. E. Bremer, M. D.(Address) Newburg, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

